

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Residential Care Apartment Complex
CERTIFIED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AMERICAN HOUSE OF BERLIN (0010330)

Address: 123 S PEARL ST, BERLIN, WI 54923

License Status: REGULAR

Licensed/Certified/Registered 04/28/1997

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096169 **End Date:** 07/19/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094831 **End Date:** 04/07/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007148 Served 05/20/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES		
89.23(2)(a)2.b	SERVICES		
89.23(4)(a)3	SERVICES		
89.23(4)(b)1	SERVICES		
89.23(6)	SERVICES		
89.29(1)(c)	ADMISSION & RETENTION OF TENANTS		
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS		

Survey ID: 0092265 **End Date:** 03/04/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 05/19/2005	SOD #10007148	Appealed: Yes	Decision: PENDING
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---89.23(2)(a)2.a

FORFEITURE---89.23(2)(a)2.b

FORFEITURE---89.23(4)(a)3

FORFEITURE---89.23(6)

FORFEITURE---89.29(1)(c)

FORFEITURE---89.29(2)(b)1

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Residential Care Apartment Complex
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Complaint History

Date Complaint Received: 02/15/2005

Date Investigation Completed: 04/07/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	10007148
RESIDENT RIGHTS	SUBSTANTIATED	10007148
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10007148

Date Complaint Received: 06/10/2003

Date Investigation Completed: 03/25/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 05/28/2003

Date Investigation Completed: 03/25/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 05/16/2003

Date Investigation Completed: 03/25/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	

Date Complaint Received: 05/13/2003

Date Investigation Completed: 03/25/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

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